

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 158
Registered No. 171

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 52 Grum Cyn St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pete Hernandez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth April 17 1929
Month Day Year

8. FATHER
Full name Pete Hernandez

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Phoenix
(State or country) Arizona

13. Occupation Professional Boxer
Nature of Industry _____

14. MOTHER
Full maiden name Alberta Snow

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Upland
(State or country) California

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 m. on the date above stated.
(Born alive or stillborn.)

Signature J. J. Trueman
M.D. (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Apr 25 29 Lo. G. Trueman
Registrar

789-417-124

THIS RETURN must be made for each, and the number of each in order of birth stated.